“9.4 million people living with HIV still don’t know they have the virus”
Victoria Beckham
P10
How the response to HIV has changed over the last 30 years

There is more to do to end AIDS, and HIV testing must be our focus on this landmark World AIDS Day, says Michel Sidibé, Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS.

It is 30 years since the first World AIDS Day. This is a milestone moment: a time to take stock of where we were and look at how far we have come in the prevention, diagnosis and treatment of HIV.

The truth is that three decades ago, we were struggling. We didn’t understand the nature of the virus, life-saving medicines were not available and people affected by HIV struggled to receive social justice, were stigmatised, ostracised and shunned from society.

30 years of activism

The first World AIDS Day in 1988 sparked 30 years of activism. Activism in science and innovation, activism in communities, and activism in the public and private sectors. It created a sense of urgency that energised and transformed the response to one of the worst health epidemics the world has ever seen.

We have come so far in the last 30 years that I strongly believe a future is possible where no one will be infected with HIV — and no-one will die of AIDS.

The message for 2018: Testing is crucial

But AIDS is still far from over. There are more people living with HIV than ever before, and it is simply not acceptable that new infections are not declining quicker, and that people are still dying from AIDS when high-quality and effective treatment is now a reality and should be made available to anyone who needs it.

The focus on HIV testing for this year’s World AIDS Day is critically important. Of the 36.9 million people living with HIV, 9.4 million are unaware they have the virus. Without knowing their status, they can’t receive treatment to suppress the virus and so cannot stay healthy, prevent transmission or protect their partners or children. The fact is we will never be able to control the epidemic unless all people living with HIV know their HIV status.

We need to remove barriers and make testing as easy as possible for everyone. For instance, as long as stigma and discrimination are associated with HIV, people — and particularly men, as research has found — will be reluctant to come forward. In some places, young people need parental consent for testing; and key populations still continue to be marginalised, pushing them out of reach of vital services. All of this requires urgent change and long-term commitment.

So, yes, on this World AIDS Day, we need to recognise our past successes. We must also understand that there is much more to do to ensure that no one is left behind and that everyone has access to the services they need to remain healthy.

Tony Greenway

Michel Sidibé
Executive Director,
UNAIDS

Read more at globalcause.co.uk
CD4 cell counting - Q&A with Charles Kiyaga and Tom Chiller

Accessing patients for CD4 testing can be challenging in remote areas where many patients are in late stage advanced HIV.

**Q:** What challenges are faced by people in remote areas when it comes to HIV/AIDS testing?

The main challenge is access. People in remote areas can be very poor, so it can be difficult for them to physically travel to the service point — and expensive, too, although the treatment itself is free in Uganda. The service points can also get overcrowded and have limited resources, so there could be lots of waiting around. They may even be told to come back another day.

**Q:** How important are demand generation strategies in this area?

Vital. It’s one thing to set up a service — but it’s quite another for it to be used by those who need it. So we have to get the message out to people in order to empower them to demand the service. It’s also important to prepare the system itself, so that it’s ready and able to cope when the demand increases.

**Q:** How has Uganda’s National Sample Transport Network improved things?

It’s based on a ‘hub’ and ‘spoke’ model, where 100 ‘hubs’ — big health facilities with laboratory infrastructure — are connected to around 3,000 ‘spokes’, or lower health facilities, via bike riders. They pick up samples from the spokes every day and bring them to the hubs for testing, and for further referral for those that cannot be tested at the hub. It has been phenomenally successful.

**Q:** How do you get the message out to people in remote areas?

All health facilities have patients’ groups, which, together, create a patient network. Giving patients’ networks information about the service through their network creates an effective trickle-down effect.

**Q:** Which key populations are most at risk of advanced HIV?

My expertise is in fungal diseases. These are types of opportunistic infection that occur in people with weakened immune systems and can be fatal. People who have low CD4 counts — below 200 — are at very high risk of opportunistic infections.

**Q:** Why do HIV patients need access to CD4 testing?

The only way to understand if they are at risk of an opportunistic infection is to get a CD4 count — via a simple blood test — and then start them on antiretroviral therapy (ART) as quickly as possible. There is a caveat to that, however. If individuals with advanced stages of the disease are given ART, they may suffer from potentially fatal immune reconstitution inflammatory syndrome, or IRIS. So clinicians need to know a patient’s CD4 count to be able to make the best healthcare decisions.

**Q:** Is there confusion about CD4 testing and viral load testing?

I think there is, but these are two very different tests. Viral load measures the virus itself and is a critical way for clinicians to understand how ART treatment is working; whereas CD4 measures a person’s immune status. A patient only needs a CD4 test before they are started on ART. If they stay virally suppressed, they won’t need a further CD4 test.

**Q:** Does CD4 testing improve patient care overall?

Absolutely, so we need to make sure HIV programmes understand when CD4 testing should be used. It will help them target their resources in a more appropriate manner so they can get the best outcomes for their patients.
The era of HIV is not over — there is much more to be done

Dr Gottfried Hirnschall
Director of the HIV/AIDS Department and the Global Hepatitis Programme (GHP), World Health Organization

If the global goal of ending AIDS as a public health threat is to be achieved by 2030, complacency is not an option. The world needs to intensify its efforts to fight this cruel disease.

Over the last three decades, major battles have been won against HIV, says Dr Gottfried Hirnschall, Director of the HIV and Hepatitis Department and the Global Hepatitis Programme (GHP) of the World Health Organization. There have been huge steps forward in HIV testing and diagnosis, while increased numbers of people are able to access treatment in low- and middle-income countries. And, thanks to advances in treatments, an HIV-positive diagnosis is no longer the death sentence it once was. On the 30th anniversary of World AIDS Day, that’s great news.

Yet, warns Dr Hirnschall, despite those gains, the world must not sit back, relax and think that HIV is a thing of the past. “The impression that it’s ‘done’ and ‘over with’ is totally misleading,” he insists. “We cannot allow complacency to creep in. Yes, many people have access to treatment for HIV — close to 60% of those who need it, get it, but there are still many who don’t. And over the last few years, consistently high numbers of people — 1.8 million people in 2017 — have been newly infected.

Adolescent girls and young women in Africa are being hit hard. Elsewhere, it is those populations most marginalised who are being infected and can’t access treatment — including sex workers, men who have sex with men, people who use drugs and transgender people. We cannot leave anybody behind in our efforts.”

Intensifying efforts in the next decade

While much hard work has gone into combatting stigma and discrimination towards those with HIV, it has not been eradicated completely. “We have seen some very positive movements in this area,” agrees Dr Hirnschall. “But, overall, stigma and discrimination still exist. So, the job is not done.”

In fact, he says, the world needs to intensify its efforts over the next decade to achieve the global goal of ending AIDS as a public health threat by 2030.

“We have targets to hit by 2020. We want 90% of all people living with HIV to be diagnosed; 90% of diagnosed people to be receiving antiretroviral therapy; and 90% of people on treatment to be virally suppressed.

“We can’t continue the path we’ve been on for the last 10 or 20 years. New medicines and innovative ways to deliver prevention and treatment services will become available and, when they do, we will need to embrace them and help countries adopt them quickly.”

World AIDS Day has been a significant way to focus minds and raise awareness. “Thirty years ago, HIV was a deadly epidemic that caused fear and despair and was poorly understood,” says Dr Hirnschall. “World AIDS Day was the first disease-specific health day to generate awareness, bring partners together and mobilise the community. It was important then, and it continues to be important now.”

Tony Greenway

Preventing and treating TB among people with HIV

HIV is a virus that compromises the body’s immune system, allowing other infections to take root. To control HIV, we must control infections affecting people with the virus.

ecognising the need to have a patient-centered approach for people who have TB and HIV, the Global Fund supports countries with high TB/HIV to provide comprehensive services to co-infected patients.

37 million people living with HIV globally

There are approximately 37 million people living with HIV across the world. About 1.7 billion people — a quarter of the world’s population — are infected with TB and have latent infection. Among people living with HIV, the risk of latent TB growing into active TB is 20 times more compared to people without HIV.

The Global Fund is working with countries and partners to provide preventative therapy to people with HIV, who have latent TB. This is treatment given to people with latent TB to prevent them from getting sick with the disease. This low-cost, preventative treatment can be a game-changer in responding to HIV and TB. Regrettably, its expansion has been slow. The Global Fund is investing to help change that.

In 2017, about 1.6 million people died from TB, among them, 300,000 people who were HIV-positive. These numbers underscore the need to prevent and treat TB among people living with HIV. TB preventative therapy can break the link between TB and HIV and can save millions of lives. Preventing TB is also fundamental to ending TB as an epidemic.

Finding missing people with TB

The Global Fund is following a two-pronged approach to get there. To provide TB preventative therapy, we have to find the people who need it. As such, the Global Fund is investing in efforts to find and treat all people infected with TB. Active TB patients receive full TB treatment regime, while people with latent TB receive preventative therapy.

To find people to enrol on preventative therapy, we can start by ensuring people being tested for HIV are screened for active TB. People who test positive for HIV and do not have active TB should be treated to prevent TB.

The Global Fund is investing an additional US$125 million and working with WHO and Stop TB to find and treat 1.5 million additional cases by 2019 in 13 countries. This initiative, which started at the beginning of 2018, has shown great promise. Countries are making significant progress to meet their targets.

More importantly, we are working with countries and partners to support the implementation of the new WHO guidelines for TB preventative therapy, which recommend expansion of this practice especially among groups at high risk of TB infection. Besides people with HIV, other groups of people identified as high risk for TB are miners, prisoners, people in contact with a TB patient, healthcare workers and children under five-years-old in high-burden TB countries.

Millions of people carry the bacteria, but do not become sick

There are millions upon millions of people who are infected with TB and who go about their daily lives without recognising they are infected with a potentially lethal bacterium. Many of those people will never develop active TB. However, some millions of them most of them living with HIV will fall sick with TB.

To end TB, a disease that has killed millions of people for millennia, and to save lives among people living with HIV, it is imperative to provide treatment for latent TB to prevent it from developing into active TB.

For the Global Fund, this joint investment in these two deadly diseases makes tremendous sense. In it, we focus away from diseases and shine a spotlight on people who, more often than not, face multiple risks to their health. It is an approach that can help us end these two diseases as epidemics.
SAMBA HIV testing technology in Zimbabwe

Manufactured by Diagnostics for the Real World (DRW), a spin-out company from Cambridge University, the new SAMBA II point-of-care machines are specifically developed for resource limited settings.

Zimbabwe is among the first countries in the world to use SAMBA II point-of-care technology for viral load tests and early infant diagnosis of HIV.

“This new technology has been a game changer in our response to HIV and the treatment strategies. I feel we are winning the battle through sustainable programmes, clinical acumen and the use of advanced technology to monitor patients,” said the medical officer in charge of diagnostic services at Collin Saunders Hospital, Triangle, Zimbabwe, Dr Brian Ziki.

“Before the introduction of these machines, it would take eight weeks or more to get results. Talk of anxiety and delayed management of patients as we waited for results!”

The machines have changed the game; they are allowing us to offer services at the point-of-care and patients get results within hours. So, it has improved care of patients in every sense as it is now literally by the bedside, helping us come up with timely interventions and management of patients according to viral load results,” he added.

**Effect on patients**

“It has helped us keep most patients on first line treatment through enhanced monitoring and counselling in cases where a patient has been failing clinically. We are not rushing into switching patients to second line treatment before adequate assessment. We have realised that some of the clinical failures were to do with issues of adherence or safe sex practices hence we are taking time to counsel patients,” says Dr Ziki.

Director for laboratory services in the Ministry of Health and Child Care Douglas Mangwanaya says, “Previously, with the centralised system, the number of people living with HIV who accessed viral load testing stood at 15% but has now gone up to 70%.”

“The SAMBA II is made for resource-constrained settings and is more reliable, simple, robust, quality-assured and relatively rapid point-of-care molecular diagnostic platform.”

**Hauna District Hospital**

Before rolling out of the first phase of the decentralisation project, institutions – such as Hauna district hospital in Manicaland – would send their blood samples to a centralised laboratory where it could take up to three months before results were returned, impacting negatively on treatment outcomes as some clients were lost to follow ups or death.

Dr Caephas Fonte said the process resulted in high volumes of sample rejections, lost samples and ultimately delayed treatment thereby compromising effective HIV management.

**Treatment monitoring**

A person living with HIV cannot be switched from one drug to another without knowing their viral load status, explains Mr Nyakabau, despite them presenting with opportunistic infections. “We can now, more easily, switch our clients from one drug to another. Once a client walks into our institution, we can quickly check for their viral load level and take necessary intervention immediately,” says Leonard Nyakabau, a nurse and HIV focal person for Hauna district hospital. Previously, they were losing some patients as the disease progressed while awaiting viral load confirmation from a centralised laboratory.

**Kwekwe General Hospital**

Kwekwe Medical Superintendent, Dr Patricia Mapanda says, “Of course, the technology has made our work much easier and we are grateful. We used to send samples to Gweru and that came with a lot of challenges; chief among them being longer turn-around periods for results. Sometimes results would get lost and we needed to redo the tests all over again.

Now, those challenges have been minimised as we are now able to carry out some of the tests here.” Sister Miranzi said, before the SAMBA II technology, it would take them close to six weeks before receiving results, delaying intervention and increasing chances of babies being infected.

A laboratory scientist at Kwekwe General Hospital, Mr Stanford Mjanga, said the SAMBA II point-of-care technology had made his work much easier as the machines were easy to use and allowed him to multitask. “You don’t need to spend time monitoring the machine. In 70 minutes, you will get your results, which is convenient for me, the nurses and the patients.”

**Pregnant women and diagnosis of infants**

Babies born to HIV-positive mothers need to be tested at birth and immediately initiated on anti-retroviral drugs should they test positive, otherwise 50% die by their second birthday. Dr Ziki says they are prioritising viral load check on pregnant mothers to reduce infection. “Good viral suppression can help reduce transmission to the unborn baby.”

A woman walking to the clinic carrying her baby on her back
The looming threats of tuberculosis

Dr Eric P Goosby
United Nations Special Envoy, Tuberculosis (TB) and Professor of Medicine

TB is the world’s most lethal infectious disease, taking the lives of more people who are HIV positive than any other disease. No one is immune from TB. One cough from a person suffering from active TB can spread like wildfire. There is not one country across the globe that does not have TB. TB knows no borders.

We can prevent, treat and cure TB. The world has joined together to set the goal to End TB by 2035, but we will not do so without changing the path we are on. At the current rate – reducing the global incidence by 2% per year - it will take nearly 200 years to achieve this goal. The emergence of multidrug-resistant (MDR-TB) and extensively drug resistant tuberculosis (XDR-TB) during the past 20 years, has severely heightened the challenge.

It is projected that drug-resistant TB will kill 75 million people and cost $16.7 trillion globally between 2015 and 2050.

Drug Resistant TB (DR-TB) is the number one antimicrobial resistance (AMR) killer and a serious global health security problem. Prompt diagnosis and early treatment is essential to contain this threat.

Compared to susceptible TB, DR-TB is harder to diagnose and requires sophisticated laboratory equipment and resources that are often unavailable, especially in high burden countries. DR-TB develops because of a perfect storm of imperfect diagnostics, inadequate treatments and lack of access to care. More research and development focused on potent, better-tolerated drugs is necessary. Furthermore, accurate diagnostics including, but not limited to, GeneXpert, that can identify TB rapidly and distinguish DR from drug susceptible TB, need to be affordable and widely available.

Increasing research and development will also have a positive impact on domestic economic threats. In many countries, DR-TB treatment can exceed $10,000. This can have catastrophic financial impact on domestic economic threats. In many countries, DR-TB and extensively drug resistant tuberculosis (XDR-TB) during the past 20 years, has severely heightened the challenge.

Every day, ~4,400 people across the world die from tuberculosis (TB). You may think that TB is a disease of the past, but you would be mistaken. Though this bacterial disease has been around for thousands of years, it is the biggest infectious disease killer today, causing 1.6 million deaths in 2017 alone, 300,000 of which were people living with HIV (PLHIV) who died due to TB.

TB remains the leading cause of death among PLHIV, with TB accounting for around one in three AIDS-related deaths. Combine this with factors such as poverty, malnutrition and limited access to care, it is evident that a great number of people are being left to fend for themselves. And this is happening in 2018, when technologies and approaches exist to help them.

**UN High Level Meeting made targets to act against tuberculosis**

But let’s talk about what gives us hope. In September this year, the first-ever United Nations High Level Meeting on TB was convened at the UN General Assembly in New York. A political declaration was endorsed and signed, including very strong commitments and targets. It now remains to be seen if the promises made in New York will be kept.

Because, promises have been made before in many other UN High Level meetings – delivering and being accountable for them is where the challenges stand.

**The targeting we must meet to reduce HIV-related deaths by 75% by 2020**

The 2016 political declaration on HIV and AIDS, adopted the following in its resolution 70/266 of 8th June 2016: ‘Commit to working towards the target of reducing tuberculosis-related deaths among people living with HIV by 75% by 2020, as outlined in WHO’s End TB Strategy, as well as commit to funding and implementing to achieve targets set in the Stop TB Partnership’s – Global Plan to End TB 2016-2020.’

It is evident that a great number of people are being left to fend for themselves.

In the TB UN High Level Meeting political declaration, member states commit to: Provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5-years-of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.

Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, including 115,000 children.

Trying to deliver every single target all at once can mean we lose focus. Of the 40 million people with TB, the aim is to treat 4 million people who are HIV positive. These are unprecedented targets for us that will require vision, ambition, funding and focus. I think that too often we try to deliver too many things all at the same time and we lose focus.

Therefore, I would like to suggest that, in 2019, we focus. We know that one in four PLHIV don’t know their status and one in two people with both HIV and TB don’t know about it.

This World AIDS Day, in full sync with the theme ‘Know your status’, I call on the TB and HIV communities together to ask people to: KNOW YOUR HIV/KNOW YOUR TB STATUS.

Dr Lucica Ditiu
Executive Director, STOP TB PARTNERSHIP

This World AIDS Day, in full sync with the theme ‘Know your status’, I call on the TB and HIV communities together to ask people to: KNOW YOUR HIV/KNOW YOUR TB STATUS.
Hepatitis C virus (HCV) – a potentially fatal infection that attacks the liver – is a critical health problem for people living with HIV. Indeed, it’s estimated that 2.3 million people around the world have an HIV/HCV coinfection.

Tackling coinfection is key to HCV elimination, says Dr Francesco Marinucci, Head of HCV & HIV at FIND, a global nonprofit organisation accelerating the development, evaluation and delivery of diagnostic tests for poverty-related diseases. A response is needed urgently. Numbers of HCV cases are rising, and four out of five people are unaware that they have the disease.

HCV symptoms may not be present until it is too late
“HCV symptoms may only become evident when the patient is in the advanced stages of liver disease, which might be too late, or too complicated, to treat,” says Dr Marinucci. “That’s why it’s so important to have strategies in place for early detection of HCV.”

Antiviral medicines are now available that cure more than 95% of people with hepatitis C. So, in terms of cost effectiveness and relieving the burden on over-stretched health systems, it makes more sense to offer people a $1 HCV screening test, than to wait for them to develop the harder-to-treat, advanced-stage disease.

Screen for HCV while screening for HIV
What’s needed is a patient-centred, integrated approach that uses new diagnostic tools and infrastructure within existing services. “If people are being tested at an HIV clinic, they should also be screened for hepatitis C and hepatitis B,” reasons Dr Marinucci. “It’s a waste of resources to run just one HIV test in a laboratory that could run multiple tests for other diseases.”

Lessons learned from the global response to HIV are now needed in the fight against HCV. “Take task-shifting,” says Dr Marinucci. “This allowed nurses and other health-workers to provide basic services for people with HIV that, in the past, had been in the hands of a few clinicians. That proved to be very effective for HIV—and it can easily be applied to HCV.” The development of new, quality diagnostic tools — another barrier to access — must be expanded, he says.

Tony Greenway

With support from UNITAID, FIND is working to improve diagnosis of hepatitis C by making it more affordable and more widely available to those in need, with a focus on serving people coinfected with HIV. The Hepatitis C Elimination through Access to Diagnostics (HEADC-Start) project is designed to drive a change in global implementation guidelines and national policies that are conducive to scaling up hepatitis C management in support of the WHO elimination targets for 2030.

Why early detection of hepatitis C can be a life-saver

Hepatitis C is a liver disease common among those living with HIV. To detect it early enough, an integrated approach that deploys new diagnostic tools within existing HIV services is vital.

Hepatitis C

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UNHLM ON TB KEY TARGETS FOR 2022

1. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT with the aim of successfully treating 40 million people with tuberculosis by 2022.
2. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT with the aim of successfully treating 1.5 million children with tuberculosis by 2022.
3. COMMIT TO PROVIDE DIAGNOSIS AND TREATMENT with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 150 000 children with drug-resistant tuberculosis, by 2022.
4. COMMIT TO PREVENT TUBERCULOSIS for those most at risk of falling ill: 0.5 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 8 million people living with HIV and AIDS, receive preventative treatment by 2022.
5. COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing global investments for ending tuberculosis reaching at least US$5 billion a year by 2022.
6. COMMIT TO MOBILIZE SUFFICIENT AND SUSTAINABLE FINANCING for R&D with the aim of increasing global investments for tuberculosis to US$1 billion; in order to close the estimated US$1 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.
7. COMMIT TO DELIVERING AS SOON AS POSSIBLE, NEW, SAFE, EFFECTIVE, EQUITABLE, AFFORDABLE VACCINES for all at-risk groups.
8. PROMOTE AND SUPPORT AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION, including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.
9. REQUEST THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO CONTINUE TO DEVELOP THE MULTIPLICITY ACCOUNTABILITY FRAMEWORK and ensure it is timely implementation no later than 2019.
10. FURTHER REQUEST THE SECRETARY-GENERAL, WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO PROVIDE A PROGRESS REPORT IN 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.
LIVE LIFE POSITIVELY

Know your HIV status

Andrés, Ecuador. Youth activist, communicator, musician, living with HIV.
Why is supporting the HIV cause so important to you, and why did you want to become a UNAIDS international goodwill ambassador?

I have always been a strong believer in women supporting other women. In my life I’ve been lucky enough to have been inspired and supported by fantastic women who have changed my outlook on life and who have inspired me to believe in myself and in my abilities.

Working with UNAIDS has given me the opportunity to meet some incredible women living with HIV and the people supporting them—the community health workers, peer support groups, the nurses, doctors who have dedicated their lives to helping people living with HIV. If I can lend my support to make change by using my voice to share their stories, then of course I’m going to do it—who wouldn’t?

What challenges do we still face in the fight against HIV?

What I didn’t realise is the huge impact that HIV is still having on families and communities, particularly in Africa. There are around 37 million people now living with HIV around the world, the highest number ever, and most are in Africa. Living with HIV isn’t easy.

Firstly, you have to know your status and get tested—9.4 million people living with HIV still don’t know they have the virus, which is why UNAIDS is focusing this year’s World AIDS Day Campaign around testing.

Secondly, you have to deal with the stigma that is still rampant in many parts of the world—do I tell my family? How do I protect my partner? What if my employer finds out? Are my kids OK?

Thirdly, you have to start taking treatment every day for the rest of your life.

It’s a tough disease to deal with both physically and mentally, and people are still becoming infected at an alarmingly high rate.

As UNAIDS has shown, we still have miles to go to end AIDS. 1.8 million people became newly infected last year—it’s clear that a lot more needs to be done.

What have been your most powerful experiences as a UNAIDS international goodwill ambassador?

For me, it has been meeting the women who are struggling every day to make a better life for their children. Some are literally putting their lives on the line just to make ends meet so that they can make sure their children are fed, are healthy and can go to school in the hope that they will have a better life in the future. As a mother I can’t help but be moved by that.

When you have children, the most important thing is making sure that they’re OK—our kids come first, always. And it’s the children I met while I was travelling in Ethiopia with UNAIDS, children born with HIV whose parents have died of AIDS. This is a tragedy that is still happening around the world today despite the availability of medicines to prevent it.

Are you optimistic that we can one day live in a world that is free of HIV?

I strongly believe that finding a vaccine and a cure is possible, and I am confident that will happen in my lifetime. Until then, there are many things that we can do today to stop the impact HIV is having on people, on families and on communities.

We can stop the stigma by talking, teaching and sharing the right information around HIV. Overcoming the stigma will allow young people to get the right information about how to protect themselves and stop new infections. It will allow people who think they may have been at risk of HIV to come forward to get tested and it will allow people living with HIV to not be afraid of taking treatment and seeking the care and support they need.

Ending AIDS? Yes one day. Ending the impact of HIV? We can do that today.

Victoria Beckham looks forward to an AIDS-free generation

In her role as UNAIDS International Goodwill Ambassador, Victoria Beckham continues to be a champion for people affected by HIV, especially women and children. Reducing the stigma and discrimination that too often surround the virus and ensuring that people have access to testing, treatment and prevention services are her priorities.
**“God save those who have this disease with no money”**

Freddie Mercury, November 1991

Rock icon, Freddie Mercury tragically died in 1991, from AIDS-related illness. At that time, AIDS was a stigmatised illness, and understanding was limited. People with the condition were often marginalised.

The Mercury Phoenix Trust was set up in the wake of Freddie’s death by his fellow band members, Roger Taylor and Brian May, together with their manager, Jim Beach, to commemorate his name and to join the worldwide fight against AIDS.

**Why we support grass roots organisations**

Since 1992, the Mercury Phoenix Trust (MPT) has supported over 1,000 HIV/AIDS projects and donated over $17 million in 56 countries, mainly in the developing world, reaching countless numbers of lives. We assess, vet and fund predominantly smaller organisations as they are effective in areas which governments, larger NGOs and markets often don’t reach. These innovative and resilient organisations understand local complexities and align their strategies with global HIV/AIDS objectives.

AIDS-related trauma can have a lasting mental effect on staff

We are proud to be associated with so many of these quiet heroes working at grassroots level who live with the daily realities of HIV/AIDS. These teams work against immeasurable odds with limited resources, and are often in need of counselling themselves for the traumas they see and are associated with. We salute these truly remarkable people.

Over the years, we have seen the reward of partnering with community-based organisations. They understand customs, traditions and local leadership structures and they are able to communicate critical messages in a way that is meaningful and has the effect of changing behaviour.

Local staff are great role models for promoting sexual health and female empowerment

The staff at these organisations come from and live in the communities they serve, so they know their beneficiaries, they are personally invested in the work and they understand barriers the community members face in accessing services. They have lean and efficient budgets and despite cyclical funding, they remain committed to their communities, both in service provision and role modelling healthy behaviours.

Through appropriately tailored interventions, these organisations carry out the heart of the MPT’s philosophy of “Education and Awareness”, promoting healthy living and safe sexual practices. Services often include: prevention of mother-to-child transmission, ensuring adolescent-friendly health services, HIV testing, health campaigns, follow-ups that ensure retention on treatment, and empowering women and girls to make their own life choices.

We have seen (especially in Africa) the success of the many peer-educator programmes we have supported, which demonstrate how youth are seizing the initiative in the fight against HIV/AIDS and leading the way.

They also provide a host of wrap-around interventions to help families overcome barriers in making healthy choices and accessing services. These include home visits, where babies and children are weighed and checked for malnutrition; running HIV support groups; referring instances of abuse to social services; helping people to become economically active; the list goes on. The UNAIDS 90-90-90 targets¹ would not be possible without this sector of civil society.

A global army of Queen fans support the mission to raise awareness of AIDS

The work of the trust is made possible through generous donors, invaluable partnerships with business and wonderful individuals who do some crazy fundraising, such as “Freddie for a Day”. Thank you to all those who support us, especially the army of Queen fans around the world.

On this 30th World AIDS day, we remember those who died young; those cut from the arts by HIV/AIDS; the many performers who died before their time. This is the legacy we strive to uphold as we all join in the fight against this – still unbeaten – scourge, which has caused such loss and heartbreak.

**People are too scared to get tested for AIDS; when they find out, it’s often too late**

There have been huge changes in terms of awareness, treatment and care, but the stigma, ignorance and discrimination widespread in 1991 is sadly still prevalent 27 years later. While much has been accomplished, the fight is still crucial. Each year, a new generation is at risk of contracting HIV/AIDS and it is their right to be aware, to know their status and to protect themselves. In many countries, people are still afraid to get tested, finding out too late that they have full-blow AIDS.

Freddie’s legacy and Queen’s music remain infused into the values of the Mercury Phoenix Trust, with the passion and power behind the music forming the bedrock of the trust. Through grassroots movements, events and social media the MPT invites all to participate, providing a platform for especially the youth to be heard and empowered. A lot has been achieved, there is a great deal still to do, we must fight on. Please, join us.

 Claudia Walker, Executive Director, Mercury Phoenix Trust

¹ HTTP://WWW.UNAIDS.ORG/EN/Resources/909090
Why young people must be more HIV aware

Young people need to be aware of HIV/AIDS and feel empowered to take full responsibility for their sexual health and life decisions, say two leading HIV campaigners.

Robbie Lawlor
Youth STOPAIDS Activist and Campaigner

Audrey Nosenga
Leading HIV Campaigner

What effects do antiretroviral stockouts have on young adults living with HIV?

After participating in the Youth Stop AIDS Speaker Tour and telling my story alongside Brian, a young man living with HIV from Uganda, I decided to focus my PhD on young people’s experiences of antiretroviral stockouts in Uganda and how it makes them feel about their own HIV journey.

The golden rule of HIV is that you have to take your medication every single day. If the system fails and someone can’t access their medication, it can be very detrimental to how someone feels about themselves and their coping mechanisms. Also, of course, HIV can move from a chronic illness to a potentially terminal one.

What’s your advice to young people regarding their sexual health?

Ignorance isn’t bliss when it comes to your sexual health — and especially HIV. Know the sexual health options available to you.

Make it your mission to get checked every few months, and feel no shame about it because you’re taking responsibility for your own sexual health. And know that we have made amazing medical advances in HIV treatment.

Today, thanks to medication, I’ll live as long as anyone else. I’m non-infectious and in a long-term relationship.

What is your advice to young groups working with young people in Uganda and how it makes them feel about their own HIV journey?

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What are the most pressing issues surrounding HIV/AIDS in your view?

There are many. There is a funding gap because some donors think HIV is no longer an emergency. We have been making progress in HIV/AIDS — but we can also go backwards as well as forwards. Stigma and discrimination remains a problem too. Young people face partner violence and discrimination from their families and communities and healthcare facilities. It’s a terrible situation that needs to be addressed with better information and messaging.

What do you think young people need to be aware of regarding their sexual health?

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Make it your mission to get checked every few months, and feel no shame about it because you’re taking responsibility for your own sexual health. And know that we have made amazing medical advances in HIV treatment.

Today, thanks to medication, I’ll live as long as anyone else; and also, I’m non-infectious and in a long-term relationship.

Why did you want to become an HIV advocate?

In my community, HIV is a big issue. I have family members with HIV and many of my friends have lost their parents to AIDS. Young people with HIV struggle to get a seat at the table and are often not given the space to speak up about the issues affecting them. That led me to being an advocate. I am now playing my part as a mentor in the Alliance’s READY to Lead project, a programme supporting young women to advocate for policy change in Zimbabwe. I want to help consign HIV to the past.

What happens if young people are not more HIV aware?

It’s easier for young people to be open with each other. And if one person talks about their HIV status and experiences, it makes it easier for others to be open about their own situations. When you know your peer is standing with you and supporting you, it’s a very powerful thing. If we can empower that generation, the generation that follows will also be empowered.

Why is peer support important for young people with HIV?

When you know your peer is standing with you and supporting you, it’s a very powerful thing. If we can empower that generation, the generation that follows will also be empowered.

Are young people as aware of HIV/AIDS as they should be?

I talk about sexual health at secondary schools and universities and find that students are angry that no one has told them about HIV. This is something you should know about in your formative years when you become sexually active!

Actually, it’s not just young people. I think the general population doesn’t know much about it either. If you don’t understand the difference between HIV and AIDS, how can you know how it might affect you?

Read more at aidsalliance.org/our-priorities/current-projects/1081-ready-to-lead

Tony Greenway
In order to advance people’s health, it’s imperative to advance their rights. For too long, however, many policymakers have taken such a narrow view of sexual and reproductive health and rights (SRHR) that it has typically excluded rights completely. That is the stark message of a groundbreaking report published in May from the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, a collaboration of global health, development and human rights experts from around the world.

It stresses that, while all individuals should have the right to make decisions about their bodies and lives, free of stigma, discrimination and coercion, not everyone does. The result is drastic personal and economic costs.

Poor sexual and reproductive health has a negative impact on entire economies
“Gaps in sexual and reproductive health and rights worldwide take an enormous toll on individuals, communities and economies,” says Dr Alex Ezeh, Commission Co-Chair and former Executive Director of the African Population and Health Research Centre. “We must not continue to tolerate this problem.”

To affect real and lasting change, therefore, the Commission has proposed a more holistic solution, urging national governments, international agencies, donors, civil society groups and others to commit to a new, bold agenda that would make sexual and reproductive health and rights available to all.

Universal sexual and reproductive health and rights must be achieved
First, the comprehensive definition of sexual and reproductive health and rights in the Commission’s report should be adopted. The definition integrates the full range of peoples’ needs and services that are rarely recognised or addressed, including sexual wellbeing and personal autonomy.

Second, the package of essential sexual and reproductive health interventions laid out in the report should be made available to everyone who needs it. “This includes typical interventions such as contraceptive provision, HIV prevention and treatment, and maternal and newborn health services,” says Dr Susheela Singh, Commissioner and Vice President for International Research at the Guttmacher Institute. “But also, frequently-neglected components, such as safe and legal abortion care, infertility treatment and prevention, and detection and counselling for gender-based violence.”

Third, more attention should be given to vulnerable and marginalised populations. These communities, such as adolescents, LGBTQI individuals, displaced people, refugees, sex workers and people who use drugs, face greater obstacles in accessing sexual and reproductive health services.

Sexual health and rights could be significantly improved from as little as $8.52 per person a year
What’s more, these recommendations are financially achievable. For instance, for low- and middle-income countries, the Commission notes that the average annual cost per person for women’s contraceptive, abortion, and maternal and newborn health-care would be just $8.52.

“There must be no more delays: the world must take action now,” says Dr Cynthia Summers, Chair of the Commission’s Advisory Group and Chief Operating Officer at the Guttmacher Institute. “We have the means and the knowledge to achieve universal sexual and reproductive health and rights. Meaningful progress is possible, it is affordable — and it is vital.”

Tony Greenway

Closing the gaps in sexual and reproductive health and rights globally
Not everyone has access to sexual and reproductive health services. In a pioneering report, a commission of health and human rights experts outline why this is an issue — and how it can be solved.

Mandisa Dukashe and her family live in Eastern Cape, South Africa. Mandisa is a trained nurse and works in the response to HIV to ensure quality control in healthcare settings. She is living with HIV and encourages people to get tested for HIV. Her husband and two daughters are all HIV-negative.
If you have HIV, your chances of developing tuberculosis are greatly increased. That is why we need more research into TB prevention, diagnosis and treatment — and quickly.

The world is currently in the grip of a tuberculosis epidemic. This should be of concern to us all, says Dr Alasdair Reid, but it’s particularly worrying for those living with HIV because a person’s risk of developing TB disease increases as soon as they become HIV positive.

How HIV affects the immune system’s reaction to TB

HIV attacks the part of the immune system that prevents TB infection progressing to TB disease which, left untreated, can be fatal within weeks or months. In 2017, an estimated 920,000 people living with HIV developed TB disease. “Offering HIV testing to all people who have symptoms suggestive of TB is an effective way of finding people living with HIV who are not aware of their HIV status,” says Reid. “Ensuring that they start treatment for TB and HIV early greatly reduces their risk of dying.” By working together, TB and HIV programmes can find the millions of people who do not yet know they have TB or HIV.

Unfortunately, drug-resistant TB — which is more difficult, costly and toxic to treat than regular TB — is a deadly and growing problem. “Early and accurate diagnosis and effective cure of drug-resistant and drug-resistant TB is the most effective way to address this problem,” says Reid. “However, until we have better, shorter duration and less toxic drug treatment regimes, it will be very difficult to end the TB epidemic by 2030 (as set out in the United Nations Sustainable Development Goals).”

Encouraging tuberculosis research programmes

Shockingly, because TB affects the poorest populations in the world, there has been little investment in prevention, diagnosis and treatment of the disease. “We need to find new ways to incentivise investment in TB research,” says Reid, who notes that only two new TB drugs have been made available in over 50 years. “We urgently need a new TB treatment regime that treats all forms of TB, including multi-drug-resistant (MDR-TB) and extensively drug-resistant (XDR TB), with a single daily pill in as short a time as possible.” A more accurate, rapid TB test is also essential.

Governments must take action to help prevent HIV and TB risk

More political will is needed at a country level to meet the United Nations Political Declaration target of 75% reduction in TB deaths among people living with HIV by 2020, and Sustainable Development Goal targets to end tuberculosis and AIDS by 2030. “Key populations are often left behind due to stigma, discrimination and the criminalisation of behaviours that put people at increased risk of TB or HIV, such as drug use, sex work and men who have sex with men,” says Reid. “But where national governments have taken bold actions to decriminalise these behaviours, committed national resources and adopted policies to address TB and HIV, the rates of new infections and deaths have declined.”

Tony Greenway

Dr Alasdair Reid
Senior Advisor on Testing, Treatment and Tuberculosis, UNAIDS

What has been achieved in the global response to the HIV/AIDS epidemic?

Incredible progress has been made. Globally, AIDS-related deaths have reduced by 50% since 2004 and 22.7 million people now have access to life-saving antiretroviral (ARV) treatment.

Is the global response strong enough?

We’re only half way to our goal and alarmingly we are off track to end AIDS by 2030. Nearly one million people lost their lives to AIDS-related illnesses last year and there are still 15 million people who don’t have access to antiretrovirals (ARVs). New infection rates are declining too slowly; in 2017, 1.8 million people acquired HIV. But instead of redoubling efforts, many governments are deprioritising HIV and global donor funding has been reducing. Public awareness about the disease is still low.

Why is this moment so critical to ending HIV/AIDS?

If we globally recommit to ending AIDS now — by increasing funding, strengthening political leadership, and focusing on those who most need it — then we can get back on track. If we take our eye off the ball, we will not only miss the goal but will see a resurgence of the HIV pandemic.

What has the role of the UK government been in the fight — and what should it do now?

The UK has been a leader in the HIV response from the start, helping to found the Global Fund to Fight AIDS, TB and Malaria in 2002, and remains the second largest government donor. However, the UK government’s own programme funding and political prioritisation of HIV has dropped in recent years.

STOPAIDS and Youth Stop AIDS have worked closely with the UK government to address this through our It Ain’t Over campaign. Funding has yet to increase significantly but we have seen great leadership from DFID Minister, Alistair Burt, and the inclusion of HIV in recent key strategies and speeches.

What action needs to be done to spearhead this work in the UK and internationally?

STOPAIDS unites UK organisations to have a strong voice globally and works closely with the UK government to ensure it steps up, not away.

Going forward, we need to do two things: 1) unite all those working on HIV domestically and internationally behind the global goal to end AIDS by 2030 and 2) raise public awareness and mobilise everyone to join the movement.

Why is World AIDS Day important?

World AIDS Day is an annual opportunity to shine a light on the global and UK HIV responses and take stock of where we are, renewing our commitment to fighting the HIV/AIDS pandemic.

As the 30th anniversary of the first World AIDS Day in 1988, this year is particularly poignant, which is why STOPAIDS is working with other UK actors to deliver the EndAIDS2030 Festival.

What are significant moments in the fight against HIV/AIDS?

There are so many to cite but a few that spring to mind are:

• The heroic activism of people affected by HIV that ensured ARVs were finally made accessible in the 90s and 2000’s.
• The founding of institutions that have driven the global response — UNAIDS, the Global Fund, UNITAID and the U.S Government’s PEPFAR.
• The UN commitment to universal access to HIV services in 2005.

What is a real danger?

Complacency is a killer. The opportunity to make AIDS history is within reach but, if we reduce attention and funding, or even just maintain current levels, we risk undoing all our hard work and the HIV epidemic will resurge.

Are you optimistic about ending HIV/AIDS?

The future of the global HIV response hangs in the balance. We will do everything we can to keep HIV high on the agenda and ask everyone to join us!

Mike Podmore
Director, STOPAIDS

We’re alarmingly off track to end AIDS by 2030 and must increase political commitment and funding to avoid a resurgence of the HIV epidemic, says Director of STOPAIDS.

Read more at globalcause.co.uk
HIV testing: what you need to know

The testing gap

In 2017, a quarter of all people living with HIV in the world didn’t know their HIV status. If people don’t know their status, they can’t start treatment or think about which prevention options are best for them.

Only you can decide to take an HIV test.

Any decision to take an HIV test is yours alone. No one—not doctors, partners, family members, employers or anyone else—should force you to take a test.

No one else need know about your test or your result

Health-care workers are duty-bound to keep all your medical information confidential. Taking an HIV test, the test result and any discussion about the result are confidential. Only the person being tested can decide whether to share the result with anyone else.

Let’s talk about the test and the result

Before someone takes a test in a clinic, they will have the opportunity to talk to a counsellor in order to understand the test, the result and the implications and to discuss any worries they may have. After the test, they will get tailored advice dependent on the result and be helped to understand the options available to them.

Testing is simple

An HIV test is quick and painless. A small pinprick of blood from a finger or arm or some saliva is all that is needed. Someone taking a test will usually know their result within 20 minutes, although it will be longer if the sample has to be sent to a laboratory.

Test again

Anyone who is at risk of acquiring HIV should keep up to date about their status and take a regular HIV test, at least every six months for people at higher risk.

You can test at home

HIV self-testing kits are available in many countries, and are becoming available in many more, so people can find out their status at any time, in the privacy of their home. A repeat test in a clinic to confirm a positive result and get linked to appropriate prevention, treatment and care is essential.

Knowing your status always helps

Whether positive or negative, an HIV test can always help. People who find out their status will either be linked to treatment that can save their lives or to prevention options to keep them or their loved ones free from HIV.

Making sure

A negative result means just that—the person is not HIV-positive and is not living with HIV. They can be reassured, but need to bear in mind the window period—a period of time after a person is infected with HIV but during which they won’t test positive—and if they continue to be exposed to HIV should consider repeating as HIV test every 6–12 months.

A single positive HIV test result will always be followed up with a second test to confirm the result. Occasionally, the second test may not agree with the first test, in which case a repeat test is recommended after six weeks. However, if the two tests, using two different samples, are positive, then an HIV-positive diagnosis is confirmed and treatment should be started as soon as possible.

UNAIDS
The benefits of knowing your HIV status

Testing saves lives
People can only start HIV treatment if they know that they are living with the virus—about 9.4 million people do not know that they are living with HIV.

People living with HIV on treatment
- 2011: 9.6 million
- 2013: 13.2 million
- 2015: 17.2 million
- 2017: 21.7 million

Knowing earlier, starting earlier
The earlier that someone is diagnosed as living with HIV, the earlier life-saving treatment can start. And the earlier that HIV treatment is started after infection, the better the outcome. People can live long and healthy lives with early detection of HIV and proper treatment and care.

Staying HIV-free
An HIV test result opens the door to accessing the range of HIV prevention options available depending on a person’s HIV status to keep themselves and their loved ones HIV-negative.

Looking after loved ones
Testing is the gateway to treatment and effective treatment is a great HIV prevention tool—it saves lives and prevents HIV transmission. HIV treatment reduces the viral load—the amount of HIV in a person’s body—to undetectable levels. With an undetectable level of HIV, a person can’t pass on the virus to someone else.

Stopping transmission to babies
A pregnant or breastfeeding woman living with HIV can access a range of options that can ensure that she remains healthy and her baby is born HIV-free and stays HIV-free, but only if she knows her HIV status.

Claiming the right to health
By deciding to know their HIV status, people are empowered to make choices about their right to health.

Staying alive and well
Taking an HIV test can also provide an opportunity to screen and test for other illnesses, such as tuberculosis, hepatitis, high blood pressure and diabetes. Saving money and saving lives.